

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m. c.		3/31/87
O.I.P.E. CLASSIFIER		29	4 40
FORMALITY REVIEW		1201-17	5-25-87
RESPONSE FORMALITY REVIEW		1244-17	6-30-87

INDEX OF CLAIMS

☒ ..... Rejected  
☐ ..... Allowed  
☐ (Through numeral) ..... Canceled  
☐ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		7	10
2		25	10
3		26	10
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If more than 150 claims or 10 actions  
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